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PTO/SB/05 (11-00)

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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 2685/5433

First Inventor RUBIN et al

Title METHOD AND APPARATUS FOR ON DEMAND CERTIFICATE REVOCATION UPDATES

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>  |  | <b>ADDRESS TO:</b> Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231  |  |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 32]<br/><i>(preferred arrangement set forth below)</i><br/>- Descriptive title of the Invention<br/>- Cross References to Related Applications<br/>- Statement Regarding Fed sponsored R &amp; D<br/>- Reference to sequence listing, a table, or a computer program listing appendix<br/>- Background of the Invention<br/>- Brief Summary of the Invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</p> <p>5. Oath or Declaration [Total Pages ]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/><i>(for a continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> |  | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission<br/><i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |  |
| <b>ACCOMPANYING APPLICATIONS PARTS</b>  |  |  |  |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>  |  |  |  |

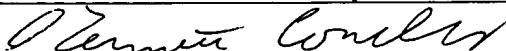
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / Cross Reference to Related Application included in Preliminary Amendment Attached. Note: A cross reference to related application(s) must be filed with the USPTO before four months from the filing date of this continuing application.

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| Name (Print/Type) | Kenneth R. Corsello   |  | Registration No. (Attorney/Agent) | 38,115           |
| Signature         |  |  | Date                              | January 25, 2001 |

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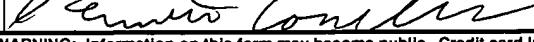
# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 862)

| Complete if Known    |                  |
|----------------------|------------------|
| Application Number   |                  |
| Filing Date          | January 25, 2001 |
| First Named Inventor | RUBIN et al      |
| Examiner Name        | Not assigned     |
| Group / Art Unit     | Not assigned     |
| Attorney Docket No.  | 2685/4355        |

| METHOD OF PAYMENT (check one)  |                       |                       |          | FEE CALCULATION (continued)   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-----------------------|-----------------------|----------|---|----------|----------|--|--------------|-----------------------|-----------------------|----------|-----------------|----------|----------|--------------------|-----|------|-------------------------------------|------|------|----|--------------------|----|---|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--------------|----|-------|-----|------|------|----------|--------------------|---|------|-----|------|------|--|--------------------|--|--|--|---|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="11-0600"/></p> <p>Deposit Account Name <input type="text" value="KENYON &amp; KENYON"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |                       |                       |          | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (1) <input type="text" value="(\$ 710)"/></td> <td colspan="4">Other fee (specify) <input type="text"/></td> </tr> <tr> <td colspan="4">2. EXTRA CLAIM FEES</td> <td colspan="4"> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>24</th> <th>-20**</th> <th>= 4</th> <th>X 18</th> <th>= 72</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>4</td> <td>-3**</td> <td>= 1</td> <td>X 80</td> <td>= 80</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td>= 0</td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="4">SUBTOTAL (2) <input type="text" value="(\$ 152)"/></td> <td colspan="4"> <p>*Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) <input type="text" value="(\$ 0)"/></p> </td> </tr> <tr> <td colspan="8">**or number previously paid, if greater; For Reissues, see above</td> </tr> </tbody> </table> |          |          |  | Fee Code     | Large Entity Fee (\$) | Small Entity Fee Code | Fee (\$) | Fee Description | Fee Paid | 105      | 130                | 205 | 65   | Surcharge - late filing fee or oath |      | 127  | 50 | 227                | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 130 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | SUBTOTAL (1) <input type="text" value="(\$ 710)"/> |  |  |  | Other fee (specify) <input type="text"/> |  |  |  | 2. EXTRA CLAIM FEES |  |  |  | <table border="1"> <thead> <tr> <th>Total Claims</th> <th>24</th> <th>-20**</th> <th>= 4</th> <th>X 18</th> <th>= 72</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>4</td> <td>-3**</td> <td>= 1</td> <td>X 80</td> <td>= 80</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td>= 0</td> <td></td> </tr> </tbody> </table> |  |  |  | Total Claims | 24 | -20** | = 4 | X 18 | = 72 | Fee Paid | Independent Claims | 4 | -3** | = 1 | X 80 | = 80 |  | Multiple Dependent |  |  |  | X | = 0 |  | SUBTOTAL (2) <input type="text" value="(\$ 152)"/> |  |  |  | <p>*Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) <input type="text" value="(\$ 0)"/></p> |  |  |  | **or number previously paid, if greater; For Reissues, see above |  |  |  |  |  |  |  |
| Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code | Fee (\$) | Fee Description   | Fee Paid |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 105  | 130                   | 205                   | 65       | Surcharge - late filing fee or oath   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 127  | 50                    | 227                   | 25       | Surcharge - late provisional filing fee or cover sheet.   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 139  | 130                   | 139                   | 130      | Non-English specification   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 147  | 2,520                 | 147                   | 2,520    | For filing a request for reexamination  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 112  | 920*                  | 112                   | 920*     | Requesting publication of SIR prior to Examiner action  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 113  | 1,840*                | 113                   | 1,840*   | Requesting publication of SIR after Examiner action   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 115  | 110                   | 215                   | 55       | Extension for reply within first month  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 116  | 390                   | 216                   | 195      | Extension for reply within second month   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 117  | 890                   | 217                   | 445      | Extension for reply within third month  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 118  | 1,390                 | 218                   | 695      | Extension for reply within fourth month   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 128  | 1,890                 | 228                   | 945      | Extension for reply within fifth month  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 119  | 310                   | 219                   | 155      | Notice of Appeal  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 120  | 310                   | 220                   | 155      | Filing a brief in support of an appeal  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 121  | 270                   | 221                   | 135      | Request for oral hearing  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 138  | 1,510                 | 138                   | 1,510    | Petition to institute a public use proceeding   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 140  | 110                   | 240                   | 55       | Petition to revive - unavoidable  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 141  | 1,240                 | 241                   | 620      | Petition to revive - unintentional  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 142  | 1,240                 | 242                   | 620      | Utility issue fee (or reissue)  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 143  | 440                   | 243                   | 220      | Design issue fee  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 144  | 600                   | 244                   | 300      | Plant issue fee   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 122  | 130                   | 122                   | 130      | Petitions to the Commissioner   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 123  | 130                   | 123                   | 130      | Petitions related to provisional applications   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 126  | 180                   | 126                   | 180      | Submission of Information Disclosure Stmt   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 581  | 40                    | 581                   | 40       | Recording each patent assignment per property (times number of properties)  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 146  | 710                   | 246                   | 355      | Filing a submission after final rejection (37 CFR § 1.129(a))   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 149  | 710                   | 249                   | 355      | For each additional invention to be examined (37 CFR § 1.129(b))  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 179  | 710                   | 279                   | 355      | Request for Continued Examination (RCE)   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 169  | 900                   | 169                   | 900      | Request for expedited examination of a design application   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL (1) <input type="text" value="(\$ 710)"/>   |                       |                       |          | Other fee (specify) <input type="text"/>  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. EXTRA CLAIM FEES  |                       |                       |          | <table border="1"> <thead> <tr> <th>Total Claims</th> <th>24</th> <th>-20**</th> <th>= 4</th> <th>X 18</th> <th>= 72</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>4</td> <td>-3**</td> <td>= 1</td> <td>X 80</td> <td>= 80</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td>= 0</td> <td></td> </tr> </tbody> </table>  |          |          |  | Total Claims | 24                    | -20**                 | = 4      | X 18            | = 72     | Fee Paid | Independent Claims | 4   | -3** | = 1                                 | X 80 | = 80 |    | Multiple Dependent |    |   |  | X   | = 0 |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims   | 24                    | -20**                 | = 4      | X 18  | = 72     | Fee Paid |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims   | 4                     | -3**                  | = 1      | X 80  | = 80     |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Multiple Dependent   |                       |                       |          | X   | = 0      |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL (2) <input type="text" value="(\$ 152)"/>   |                       |                       |          | <p>*Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) <input type="text" value="(\$ 0)"/></p>  |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above   |                       |                       |          |   |          |          |  |              |                       |                       |          |                 |          |          |                    |     |      |                                     |      |      |    |                    |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |              |    |       |     |      |      |          |                    |   |      |     |      |      |  |                    |  |  |  |   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| SUBMITTED BY      |   |                                  |        |           |                | Complete (if applicable) |
|-------------------|---|----------------------------------|--------|-----------|----------------|--------------------------|
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| Signature         |  |                                  |        |           |                | Date                     |
|                   |   |                                  |        |           |                | January 25, 2001         |

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